EXHIBIT C

Case 06-10725-dwz	3_Ente	ered 07/14/11 15:15	:14 Page	e 2 of 12
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		OOF OF CLAIM		
Name of Debtor	Case Nu	mber		
USA Commercial Mortgage Company	06-107	725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp ansing after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address 11321242033588	of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have	WHOSE LOAN IS DEBTORS YOU OF CLAIM THIS	LY OWED MONEY BY A BORROWER S BEING SERVICED BY THE DO <u>MOT</u> HAVE TO FILE A PROOF B INCLUDES MONEY FROM THAT ILD IN THE COLLECTION ACCOUNT
ARGIER JOSEPH 2166 MONTANA PINE DRIVE HENDERSON NV 89052		never received any notices from the bankruptcy court or BMC Group in this case Check box if this address	DO NOT FILE TH SECURED INTE ONE OF THE DE	HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS
		differs from the address on the envelope sent to you by the		ready filed a proof of claim with the tor BMC you do not need to file again
Creditor Telephone Number ()		court		CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor	Check here replace	a previously	y filea claim aatea
1 BASIS FOR CLAIM	Potros b	amer		
Goods sold Personal injury/wrongful death		enefits as defined in 11 U S (salaries and compensation (f	• • • • • • • • • • • • • • • • • • • •	☐ Unremitted principal ☐ Other claims against service
Services performed Taxes		digits of your SS #	out below)	(not for loan balances)
Money loaned Under (describe briefly)	Unpaid c	ompensation for services per	formed from	to
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE O		(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best descri	be your claim and state the amou	int of the claim at	the time case filed
UNSECURED NONPRIORITY CLAIM \$ 100,000.60 Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority UNSECURED PRIORITY CLAIM	your claim ur claim is	SECURED CLAIM Check this box if yo a right of setoff) Brief description of		red by collateral (including
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collateral	\$	
Amount entitled to priority \$		Amount of arrearage an secured claim if any \$	d other charges	at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)				
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		Up to \$2 225* of deposits towar services for personal family or Taxes or penalties owed to gov	household use -1	1 U S C § 507(a)(7)
business whichever is earlier - 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable para-	graph of 11 U S C	§ 507(a) ()
		* Amounts are subject to adjust with respect to cases commend	ment on 4/1/07 ar ed on or after the	na every 3 years thereafter date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \(\int D \int \cdot O \int O \cdot O \cdot \) \$ AT TIME CASE FILED \$ (unsequently)		\$		\$ 100,000.00
(unsecured) Check this box if claim includes interest or other charges in addition to the	•	ecured) amount of the claim Attach iten	(priority) nized statement o	(Total) f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credi				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , running accounts, contracts court judgments, mortgages security as DOCUMENTS If the documents are not available, explain If the documents	<u>ments,</u> suc greements ocuments a	ch as promissory notes purch , and evidence of perfection of are voluminous attach a sum	nase orders involved in the control of lien DO NO imary	oices itemized statements of T SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	filing of yo	our claim enclose a stamped	self-addressed	envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, cogovernmental units) BY MAIL TO	prevailing orporation	Pacific time on November	r 13 2006	THIS SPACE FOR COURT USE ONLY
Attn USACM Claims Docketing Center P O Box 911	BMC Grou Attn USA0 1330 East	p CM Claims Docketing Center Franklin Avenue	FI	ED NOV 0 9 2006
DATE SIGN and print the name and title if any of the		o, CA 90245		USA CMC
this claim (attach copy of payer of attorne	ey if any)	Times of the	hoa.	
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisorment	t for up to 3	years or both 18USC §§ 18	AND 3571	

	3En	ered 07/14/11	_15·1 <u>5</u>	5·14 Pac	le 3 of 12
UNITED STREET OF MEYADA	PRO	OOF OF CL	AIM		
Name of Debtor . US & CUMMERCIAL MORTGAGE	Case Nu				
Company	106	-10725-4	BR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative examining after the commencement of the case. A "request" for payment		Check box if you aware that anyone els	e has		
Administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address.		flied a proof of claim re to your claim. Attach of statement giving partic	copy of		
BENJAMIN & ALEATH NICOSIA FAMILY	66	Check box if you inever received any no			
TRUST DATED 5/10/02 C/O BENJAMIN NICOSIA & ALEATH NICOSIA TRUS	TEES	from the bankruptcy co BMC Group in this cas	ourt or	SECURED INTE	HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
15775 W VERDE LN GOODYEAR AZ 85338-8124		Check box if this a differs from the addres envelope sent to you b	ss on the		ready filed a proof of claim with the t or BMC, you do not need to file again
Creditor Telephone Number () 623 - 935 - 3997	···············	court			CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here f this claim	replac or amend	a previous	y filed claim dated
1 BASIS FOR CLAIM	Retiree I	penefits as defined in	11 US	C & 1114(a)	☐ Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes] Wages,	salaries, and compen			Other claims against services (not for loan balances)
☐ Services performed ☐ Taxes ☐ Other (describe bnefly)		digits of your SS# compensation for serv	vices per	formed from	to
					(date) (date)
2 DATE DEBT WAS INCURRED 4/4/2005		OURT JUDGMENT,			
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes the	at best descr	ibe your claim and state	the amou	int of the claim at	the time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLA	AIM		
Check this box if a) there is no collateral or lien securing your claim or b)) vour claim			ur claim is seci	ired by collateral (including
exceeds the value of the property securing it, or if c) none or only part of y	our claim is	a right of se	-		
entitled to priority UNSECURED PRIORITY CLAIM		Brief descri		_	
Check this box if you have an unsecured claim, all or part of which is entitled to priority		Value of Co		Motor Vehicl \$ /5	e ☐ Other
Amount entitled to priority \$		Amount of arrea	arage and	d other charge:	s at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_				
Weges salaries, or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	ـــ 	services for personal	family or	household use -	e or rental of property or 11 U S C § 507(a)(7) 11 U S C § 507(a)(8)
business, whichever is earlier - 11 U S C § 507(a)(4)	E	Other Specify applic			= ' ' ' '
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject with respect to cases	ot to adjust	tment on 4/1/07 a ced on or after th	nd every 3 years thereafter a date of adjustment
3 TOTAL AMOUNT OF CLAIM \$ \$	150,0	000-00 \$			\$
AT TIME CASE FILED (unsecured)	(5	ecured)		(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the	he principal	amount of the claim A	Attach iten	nized statement	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doc</u>	<i>uments.</i> su	ch as promissory not	tes, purcl	hase orders, in	voices, itemized statements of
running accounts, contracts, court judgments, mortgages, security DOCUMENTS If the documents are not available, explain. If the	documents	are voluminous, atta	ich a sum	nmary	
B DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				***************************************	d envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,	n, prevallır	g Pacific time, on N	lovembe	r 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group	BY HAND	OR OVERNIGHT DELIN	VERY TO		
		OR OVERNIGHT DELIN up .CM Claims Docketini		FII	ED OCT 2 4 2006
Attn_USACM Claims Docketing Center P_O_Box 911	1330 Eas	t Franklin Avenue	y Conter	, 11	and the case of the second sec
El Segundo, CA 90245-0911		do CA 90245	wi 45 57		
SIGN and print the name and title if any of it his claim (attach copyed power of attor	A STATE OF THE PARTY OF THE PAR		ed to file		USA CMC
10/20/2006 (Deepen Miller		THE	ر حال جانان حال		1072500710
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonme	ent for up to	5 years or both 18 U S	S C §§ 1	52 AND 3571	
Clean Vicessa "	Jue				

UNITED STATES BANKRUPTCY COURT	PRO	OOF OF CLAIM		
DISTRICT OF NEVADA				
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY	Case Nu 06-1	umber 0725 (L##)		
6425 GESS, LTD				
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exparising after the commencement of the case A 'request' for payment administrative expense may be filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of claim relating to		
Name of Creditor and Address		your claim Attach copy of statement giving particulars		
BROADWALK INVESTMENTS LIMITED PARTNERS	MP	Check box if you have		
8635 WEST SAHARA AVENUE		never received any notices from the bankruptcy court or	DO NOT FILE TH	IS PROOF OF CLAIM FOR A
PMB 2.20		BMC Group in this case	1	EST IN A BORROWER THAT IS I
LIKS VEGAS, NEVADA 89117		Check box if this address differs from the address on the	1	eady filed a proof of claim with the
ATTENTION! JAMES R. BONFIGLIO	-	envelope sent to you by the court	į · ·	or BMC you do not need to file ag
Creditor Telephone Number (186) 991-2677 Last four digits of account or other number by which creditor identifies	debtor		<u></u>	E IS FOR COURT USE ONLY
ACCOUNT 10:6637 (LIENT 10'5926		Check here replace or if this claim amen	 a previously 	filed claim dated
1 BASIS FOR CLAIM	Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	4	salaries and compensation (fill out below)	Other claims against services (not for loan balances)
parent		r digits of your SS #		(not for loan balances)
Money loaned Under (describe briefly)	Unpaid	compensation for services pe	rformed from	to (data)
2 DATE DEBT WAS INCURRED 4/03 05	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes tha	1			he t me case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b)	vour claim	Check this box if you	our claim is secui	ed by collateral (including
exceeds the value of the property securing it or if c) none or only part of you entitled to priority		a right of setoff)	· al e ar	
UNSECURED PRIORITY CLAIM		Brief description of		—
Check this box if you have an unsecured claim all or part of which is		Real Estate	_	
entitled to priority		Value of Collateral	7 - 1	
Amount entitled to priority \$		Amount of arrearage ar secured claim if any		at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	<u></u>	Up to \$2 225* of deposits toward		ar vental of war arts a
Wages salaries or commissions (up to \$10 000)* earned within 180 days		services for personal family of	or household use 1	. U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtors business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go	vernmental units	11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L.	Other Specify applicable para * Amounts are subject to adjust		
		vith respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED	100,00	<i>1</i> 0,00		\$
(unsecured)	,	(secured)	(pronty)	(Total)
Check this box if claim includes interest or other charges in addition to the				
6 CREDITS The amount of all payments on this claim has been cre				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts court judgments mortgages security	<i>uments,</i> s agreemen	uch as promissory notes pure ts and evidence of perfection	cnase orders inv i of lien DO NO	oices itemized statements of T SEND ORIGINAL
DOCUMENTS If the documents are not available explain. If the	documents	s are voluminous lattach a sui	mmary	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,	ı, prevaili	ng Pacific time on Novemb	er 13, 2006 nd	THIS SPACE FOR COUR USE ONLY
governmental units) BY MAIL 10	BY HAND	OR OVERNIGHT DELIVERY TO	רוו דרו	JAN 0 4 2007
BMC Group Attn USACM Claims Docketing Center	BMC Gro	oup ACM Claims Docketing Cente	r FILED	OUIA O T
P O Box 911	1330 Ea	st Franklin Avenue		USA CMC
DATE Sign and print the name and title if any of the	he creditor of	ndo CA 90245 or other person authorized to file		
this claim (attac) copy of power of attor	mey if any)	2. BONFIGLIO, GP		1072501848
10				<u> </u>

Caso 06-10725 mwz Doc 8630)_2	stered 07/14/11 15·	15·1/L Dac	1e 5_of 12
UNITED STATES BANKRUPTCYCOURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM	10.14 Tag	JC G G F 122
Name of Debtor	Case Nu	mber		
6425 GESS LD				
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating		
Name of Creditor and Address CATHERINE B STRETMATER REVOCABLE TRUST DATED 6/5/89 C/O CATHERINE B STRETMATER TRUSTEE 12000 N 90TH ST UNIT 2006 SCOTTSDALE AZ 85260-8631	7	to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	SECURED INTER ONE OF THE DEE If you have aire Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (480) 45/- 2304		Court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies 6425	debtor	Check here replace or if this claim amen	a previously	filed cla m dated
1 BASIS FOR CLAIM	Retiree l	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes		salanes, and compensation (fill out below)	Other claims against services (not for loan balances)
Money loaned Other (describe bnefly)		compensation for services per	rformed from	to
2 DATE DEBT WAS INCURRED 4/18/05	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	t best descr	ibe your claim and state the amor	unt of the claim at t	ne time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your children are set that the property securing it or if c) none or only part of your children are set that the property securing it or if c) none or only part of your children are set that the property securing it or if c) none or only part of your children are set that the property securing it or if c) none or only part of your children are set that the property securing it or if c) none or only part of your children are set that the property securing it or if c) none or only part of your children are set that the property securing it or if c) none or only part of your children are set that the property securing it or if c) none or only part of your children are set that the property securing it or if c) none or only part of your children are set that the property securing it or if c) none or only part of your children are set that the property securing it or if c) none or only part of your children are set that the property securing it or if c) none or only part of your children are set that the property securing it or if c) none or only part of your children are set that the property securing it or if c) none or only part of your children are set that the property securing it is not considered and the property		a right of setoff)		ed by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	_	_
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate Value of Collateral		Other
Amount entitled to priority \$		Amount of arrearage ar	nd other charges	at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_	Up to \$2 225* of deposits towards		or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's	· ·	services for personal family of Taxes or penalties owed to go	or household use 1	1 U S C § 507(a)(7)
business whichever is earlier - 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	Ē	Other Specify applicable para * Amounts are subject to adjus		* · · · · ·
5 TOTAL AMOUNT OF CLAIM \$ \$		with respect to cases commen		date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ (unsecured)	-700 _,	OOD T \$	(pnonty)	\$ 100,000 (Total)
Check this box if claim includes interest or other charges in addition to the				
6 CREDITS The amount of all payments on this claim has been cree 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the	<i>uments,</i> si agreement	uch as promissory notes pure is and evidence of perfection	chase orders inv	oices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			-	envelope and copy of this
The original of this completed proof of claim form must be sen				THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or covernmental ways).				USE ONLY
governmental units) BY MAIL TO BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO)	
Attn USACM Claims Docketing Center	Attn USA	ACM Claims Docketing Cente	r	- 000
P O Box 911 El Segundo CA 90245-0911		st Franklin Avenue do CA 90245		FILED OCT 17 2000
DATE SIGN and print the name and title if any of the	he creditor o			I ILL
this claim (attach copy of power of attor	mex_if anv)			USA CMC
				10 2500619

	niered U//14/11 15:15:14 Pag	0 0 0 12
DISTRICT OF NEVADA	OOF OF CLAIM	
Name of Debtor BK-S-06	mber 5-10725 LBR	
11SA Connercia/Mortgage Company		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request' for payment of an administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars	
CHARLES BOMBARD 1999 TRUST DATED 12/3/99 C/O CHARLES BOMBARD TRUSTEE	BMC Group in this case SECURED INTERE ONE OF THE DEBT	
1076 MULLEN AVE LAS VEGAS NV 89044-9544	envelope sent to you by the Bankruptcy Court or	dy filed a proof of claim with the BMC you do not need to file again
Creditor Telephone Number 000 89ウース 929 Last four digits of account or other number by which creditor identifies debtor / おらぬる スピュ	Check here replaces or a previously f	iled claim dated
1 BASIS FOR CLAIM Retiree	benefits as defined in 11 U S C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Wages Services performed Taxes Last for	salanes and compensation (fill out below) ur digits of your SS #	Other claims against servicer (not for loan balances)
Money loaned	compensation for services performed from	to (date) (date)
2 DATE DEBT WAS INCURRED 3 - 23 - 05 3 IF	COURT JUDGMENT, DATE OBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best des	cribe your claim and state the amount of the claim at th	e time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM TY Check this box if your claim is secure	ed by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority	n 1/40	, , , , , , , , , , , , , , , , , , ,
UNSECURED PRIORITY CLAIM	Real Estate Motor Vehicle	Other
Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collateral \$ Amount of arrearage and other charges	at time case filed included in
Amount entitled to priority \$ Specify the priority of the claim	secured claim if any \$,, ,, ,,
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase lease services for personal family or household use 1	or rental of property or 1 U.S.C. § 507(a)(7)
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	Taxes or penalties owed to governmental units - 1 Other Specify applicable paragraph of 11 U S C	11 U S C § 507(a)(8)
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4/1/07 ar with respect to cases commenced on or after the	nd every 3 years thereafter date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$ 10		\$ 100,000.
AT TIME CASE FILED (upperused)	(secured) (priority)	(Total)
Check this box if claim includes interest or other charges in addition to the principal charges in the principal charg	pal amount of the claim Attach itemized statement of	of all interest of additional oranges
6 CREDITS The amount of all payments on this claim has been credited an 7 SUPPORTING DOCUMENTS Attach copies of supporting documents. running accounts contracts court judgments mortgages security agreem DOCUMENTS If the documents are not available, explain If the documents.	ents and evidence of perfection of lien DO NO	T SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the filing proof of claim	of your claim enclose a stamped sell-addresset	
The original of this completed proof of claim form must be sent by material ACCEPTED) so that it is actually received on or before 5 00 pm, prevail for each person or entity (including individuals, partnerships, corporate		THIS SPACE FOR COURT USE ONLY FILED OCT 27 200
governmental units)	ND OR OVERNIGHT DELIVERY TO	1
BMC Group Attn Liga CM Clauma Dockstong Center Attn Liga CM Clauma Dockstong Center	Group JSACM Claims Docketing Center East Ernelin Avenue	USA CMC
P O Box 911 1330 El Segundo CA 90245-0911 El Segundo CA 90245-0911	East Franklin Avenue gundo CA 90245	1072500769
DATE SIGN and print the name and title if any of the credit this claim (attach copy of power of attorney if a	tor or other person authorized to file	
10-22-06	Charles Bonbard Trust	ee

Case 06-10725-gwz Doc 8630-3 Entered 07/14/11 15:15:14 Page 7 of 12 FORM B10 (Official Form 10) (10/05)

UNITED STATES BA	NKRUPTCY COURT DISTRICT OF NEV	ADA (I	LAS VEGAS)		PROOF OF CLAIM
Name of Debtor	1704.0				
	USA Commercial Mortgage Company 06-10725-LBR				
	I not be used to make a claim for an administ for payment of an administrative expense ma				
Name of Creditor (The p	person or other entity to whom the roperty):	els	eck box if you are a	f claim relating to	
Nelson L. Cohen IR	KA		ur claim. Attach co ring particulars.	py of statement	
Name and address where			eck box if you have tices from the banks	never received any uptcy court in this	THED NOV 1 0 2006
c/o Scott D. Fleming, Es Hale Lane Peek Denniso	on and Howard	cas	eck box if the addre	an different frame dans	FILED NOV 1 0 2006
3930 Howard Hughes Pa Las Vegas, Nevada 8916		ado	fress on the envelor court.		\$ eq.
Telephone number: 702	· · · · · · · · · · · · · · · · · · ·	Check		replaces	THIS SPACE IS FOR COURT USE ONLY
	nt or other number by which creditor count ID 771	if this			eviously filed claim, dated:
1. Basis for Claim					
Goods sold Services perform	ned	□w	ages, salaries, and	efined in 11 U.S.C. § compensations (fill or	
Money loaned ☐ Personal injury/v	wrongful death	. Uı		ns for services perforr	med
☐ Taxes		irc	om(date)	to(date)	_
2. Date debt was incu	rred: See Attachment A	3. If	court judgment,	date obtained:	
	aim. Check the appropriate box or boxes that	best de		and state the amount o	f the claim at the time case filed.
. :	important explanations. Claim \$Unknown (see Attachment A)		Secured Claim		
b) Your claim exceeds the	here is no collateral or lien securing your claime value of the property securing it, or if c) no		a right of setoff	k.	cured by collateral (including
only part of your claim i				ption of Collateral: ate	le Other
Check this box if you entitled to priority.	ou have an unsecured claim, all or part of whi	ch is	Value of Co		es at time case filed included in
Amount entitled to prior	ity		secured claim, i		s at time case med mended in
Specify the priority of th					purchase, lease, or rental of property household use — 11 U.S.C.
Domestic support of (a)(1)(B)	bligations under 11 U.S.C. § 507(a)(1)(A) or		§ 507(a)(7).	or personal, family, or	nouschold use — 11 O.S.C.
	commissions (up to \$10,000),* earned within			_	mental units - 11 U.S.C. § 507(a)(8).
business, whichever is ea	bankruptcy petition or cessation of the debtorarlier — 11 U.S.C. § 507(a)(4).	-s			f 4/1/07 and every 3 years thereafter or after the date of adjustment.
Contributions to an	employee benefit plan — 11 U.S.C. § 507(a)	(5).			
5. Total Amount of Cla	nim at Time Case Filed:		\$ Unknown (unsecured)		(priority) \$ Unknown (Total)
Check this box if clair interest or additional	m includes interest or other charges in addition charges.	on to the	principal amount	of the claim. Attach it	temized statement of all
6. Credits: The amour making this proof of	nt of all payments on this claim has been cred	ited and	deducted for the p	urpose of	THIS SPACE IS FOR COURT USE ONLY
7. Supporting Docume	ents: Attach copies of supporting documents, nized statements of running accounts, contrac				
agreements, and evid	lence of perfection of lien. DO NOT SEND (vailable, explain. If the documents are volum	ORIGIN	AL DOCUMENT		FILED
8. Date-Stamped Copy	 random, explaint. If the documents are voluments: To receive an acknowledgement of the filitude copy of this proof of claim. 			stamped, self-	I has been had
Date	Sign and print the name and title, if any, of file this claim (attach copy of power of atto		•	n authorized to	MI7 1 0 2006
November 9, 2006	/s/ Scott D. Fleming, Esq.	ancy, II	y.		USA CMC

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Nic	ame of Debtor	and the Mark Market Market	Coop Al			
1			Case No			
	USA Commercial N	iorgage Company	06-10	725-LBR		
Thi	is form should not be used sing after the commencem	of Debtors and Case Numbers to make a claim for an administrative e ent of the case A "request" for paymen	expense nt of an	Check box if you are aware that anyone else has		
	Bir s of Creditor and	be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim. Attach copy of	WHOSE LOAN	ILY OWED MONEY BY A BORROWER IS BEING SERVICED BY THE
146		113212420345	570	statement giving particulars Check box if you have	DERTORS YOU OF CLAIM THE	DO <u>NOT</u> HAVE TO FILE A PROOF 8 INCLUDES MONEY FROM THAT ELD IN THE COLLECTION ACCOUNT
	COLAGROS: 16227 PASQ NEVADA CIT	•		never received any notices from the bankruptcy court or BMC Group in this case	DO NOT FILE TI	HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NO
Berry Control of the				Check box if this address differs from the address on the	ONE OF THE DE	EBTORS ready filed a proof of claim with the
Cre	editor i elephone Number (envelope sent to you by the court	Bankruptcy Cour	t or BMC, you do not need to file again
		other number by which creditor identifie	s debtor			CE IS FOR COURT USE ONLY
		- No. 17 (10 to 10 to		Check here replace f this claim amen		y filed claim dated
7.	BASIS FOR CLAIM		☐ Retiree t	enefits as defined in 11 U S (C & 1114(a)	Unremitted principal
	Goods sold Services performed	Parsonal injury/wrongiul death		salanes, and compensation (f		· ·
	Money loaned	And the second s	\ast four	digits of your SS #		Other claims against service (not for loan balances)
	e money canac	Other (describe briefly)	Unpaid o	compensation for services per	formed from	to
	DATE DEBT WAS INCUR		3 IF C	OURT JUDGMENT, DATE OF	BTAINED	(date) (date)
4 (CLASSIFICATION OF CLASSIFICATI	AIM Che x the appropriate box or boxes the	nat best descri	be your claim and state the amou	int of the claim at	the time case filed
,	ISECURED NONPRIORIT			SECURED CLAIM		
	Check this box if a) there is	, no collect al or lien securing your claim, or to openty securing it or if c) none or only part of	b) your claim your claim is	Check this box if you a right of setoff)	ur claim is secu	red by collateral (including
UN	SECURED PRIORITY CL	AIM		Bnef description of	collateral	
	Check this box if you have a	thurses used cleam, all or part of which is		Real Estate	Motor Vehicle	Other
	entitled to priority Amount entitled to pnority			Value of Collateral	\$ <u>! (M</u>	KNOWAL
	Specify the priority of the cla	\$		Amount of arrearage and secured claim, if any \$	d other charges	at time case fileri included in
	Domestic support obligation	s under 11 년 5 건 § 507(a, i);A) or (a)(1)(B)		Up to \$2 225" of deposits towar	` <u></u>	
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ш	Contributions to an employe	e benefit plan 11 USC § 507(a)(5)	No.	* Amounts are subject to adjust	ment on 4/1/07 ar	Of every it veers thereoffer
5 T	OTAL AMOUNT OF CLA	M 5		EAR respect to casus continend	ed care also the	date of adjust to
	AT TIME CASE FILED	V 1890 1 1 0 d.		000. 8		* ************************************
	Check this box if claim inclu-	des minerast or other charges in addition to	tia panolosi a	scured stage at of the plaim. Attach team	(p 'unity Hzed statement o	(Total) f all interest or additional charges
6 C	CREDITS: The amount of BUPPORTING DOCUM	all payments of this claim has been created and Attach course of supporting doc	to bris besite	educted to the purpose of ma	iking this proof	of claim
C	running accounts, contract DOCUMENTS If the docu	s, court jud_ments mortgages, security iments are not available, explain. If the	agreements	and evidence of perfection of	of tien DO NO	T SENT ORIGINAL
8 D	DATE-STAMPED COPY proof of claim	To laca us a saduncishedgmant of the	reding or yo	oed rate a section, enclose a star space,	self-addressed	ରା verupa and copy of this
f	or each person or entity	leted proof of claim form must be ser actually received on or before 5 00 pn (Including half-iduals, partnerships,	n neavailine	v Dacifia tima - an Nassus to -	40 0000 1	THIS SPACE FOR COURT USE ONLY
- 8	Y MAIL TO	• •		R OVERNIGHT DELIVERY TO		
	BMC Group Attri_USACM Claims Dock	eting Center	DMC Grou	n		
P	P O Box 911 El Segundo, CA 90245-091		1330 East	CM Claime Docketing Center Franklin Avenue		
DAT	THE RESERVE ASSESSMENT		El Segunde	0, CA 9J245		
9	-20-06	IGN and print the name and title 'f any of the this claim (attach copy of power of attor		The present authorized to the	locc	

Penalty for presenting freudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 U S C §§ 152 AND 3571

United States Bankruptcy Court	DISTRICT OF NEVADA	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE CO	Case Number 06-10725-LBR	
NOTE This form should not be used to make a claim for an administrative	e expense arising after the commencement	
of the case A request for payment of an administrative expense may be		
Name of Creditor (The person or other entity to whom the debtor owes	Check box if you are aware that	
money or property) DAVID & DOUTT, SR	anyone else has filed a proof of	
JOHNINE M. DOUTT	claim relating to your claim Attach copy of statement giving	
7,1,000/1	particulars	
Name and address where notices should be sent	Check box if you have never	
1121 COLUMBIA	received any notices from the bankruptcy court in this case	
HOUSTON TX 77008	☐ Check box if the address differs	
· ·	from the address on the envelope sent to you by the court.	
Telephone number 7/3 - 869 - /395	sen w you by the court.	This Space is for Court Use Only
Account or other number by which creditor identifies debtor	Check here	
1-10	renlaces	filed claim, dated
6749	amends	mod takain, takti
1 Basis for Claim		
1	☐ Retiree benefits as defined i	
☐ Goods sold	☐ Wages, salaries, and comp	ensation (fill out below)
☐ Services performed ☐ Money loaned	Your SS #	
☐ Personal injury/wrongful death	Unpaid compensation for	services performed
□ Toyes		
Other breach of contract	from Charge Control	ed at this time to (date)
2 Date debt was incurred .	3. If court judgment, date ob	ained.
4 Total Amount of Claim at Time Case Filed	s 8,142.30	
If all or part of your claim is secured or entitled to priority, al	so complete Item 5 or 6 below	
If all or part of your claim is secured or entitled to priority, al Check this box if claim includes interest or other charges in add	so complete Item 5 or 6 below	um Attach itemized statement
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	DATE SIGN and print the name and title if an this claim (attach copy of power of the claim).	y of the creditor o	r other person authorized to file		

Case 06-10725-gwz Doc 8630-3 Entered 07/14/11 15:15:14 Page 11 of 12 UNITED STATES BANKRUPTCY COURT PROOF OF CLAIM DISTRICT OF NEVADA Case Number Name of Debtor 06-10725_LBR 50,000,00 UNSECURED USA COMMERCIAL MORTGAGE CO. NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Check box if you are ansing after the commencement of the case A "request" for payment of an aware that anyone else has filed a proof of claim relating to administrative expense may be filed pursuant to 11 USC § 503 your claim. Attach copy of Name of Creditor and Address statement giving particulars 11321240000 261 Check box if you have GESS LTD WILLIAM DUPIN & PENNY DUPIN never received any notices DO NOT FILE THIS PROOF OF CLAIM FOR A from the bankruptcy court or 545 COLE CIRCLE BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS INCLINE VILLAGE, NV 89451 Check box if this address If you have already filed a proof of claim with the differs from the address on the Bankruptcy Court or BMC you do not need to file again envelope sent to you by the court. THIS SPACE IS FOR COURT USE ONLY Creditor Telephone Number () 775 831 9687 Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated or amends if this claim 1 BASIS FOR CLAIM Retiree benefits as defined in 11 USC § 1114(a) Unremitted principal Goods sold Personal injury/wrongful death Other claims against servicer (not for loan balances) Wages, salaries and compensation (fill out below) □ Services performed Taxes Last four digits of your SS # Other (describe briefly) Money loaned Unpaid compensation for services performed from (date) (date) 2. DATE DEBT WAS INCURRED 3 IF COURT JUDGMENT, DATE OBTAINED: 4 CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM UNSECURED NONPRIORITY CLAIM \$ 50,000,00 Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim, or b) your claim a night of setoff) exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Bnef description of collateral UNSECURED PRIORITY CLAIM Real Estate Motor Vehicle Check this box if you have an unsecured claim all or part of which is entitled to priority Value of Collateral \$ 50,000 00 Amount entitled to pnonty Amount of arrearage and other charges at time case filed included in secured claim if any \$ Specify the priority of the claim. Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2,225* of deposits toward purchase lease or rental of property or services for personal family or household use -11 U S C § 507(a)(7) Wages salaries, or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C \S 507(a)(4). Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) Other - Specify applicable paragraph of 11 U S C § 507(a) (_ Contributions to an employee benefit plan - 11 U S C § 507(a)(5) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. 5. TOTAL AMOUNT OF CLAIM 50,000,00 AT TIME CASE FILED (unsecured) (secured) (pnonty) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7. SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts contracts court judgments mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary DATE-STAMPED COPY. To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 **USE ONLY** for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO-BMC Group Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue El Segundo CA 90245-0911 El Segundo CA 90245 SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) DATE 12 NOV 06 una

DISTRICT OF NEVADA	1110	OI OLAMI	YOUR CL	IIIII IIIII IIIII IIII IIII IIII AS
Name of Debtor	Case Nu	mber	Schedule/Claim I	D soloso
USA Commercial Mortgage Company	06-107	25-LBR	Amount/Classifica	ation priority - secured
Son commercial mongage company	00 10,	20 20	\$12,001.00	
NOTE See Reverse for List of Debtors and Case Numbers			6425	Gess, LTD
This form should not be used to make a claim for an administrative exp		Check box if you are		
arising after the commencement of the case. A "request" for payment	of an	aware that anyone else has filed a proof of claim relating		
administrative expense may be filed pursuant to 11 U S C § 503		to your claim Attach copy of		cted above constitute your claim as Debtor or pursuant to a filed claim lif
Name of Creditor and Address	02195	statement giving particulars	you agree with the	amounts set forth herein and have no t the Debtor you do not need to file
LEWIS H FINE & ARLENE J FINE		Check box if you have		EXCEPT as stated below
PO BOX 487	1	never received any notices from the bankruptcy court or	If the amounts sh	nown above are listed as Contingent,
OAKLEY UT 84055 0487		*	Unliquidated or D	Disputed, a proof of claim must be
	1	Check box if this address		eady filed a proof of claim with the
_ /		differs from the address on the envelope sent to you by the		or BMC you do not need to file again
Creditor Telephone Number (43) 64-0-0610		court	THIS SPAC	CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here replace	ces .	
809		if this claim amen		/ filed claim dated
1 BASIS FOR CLAIM	Potroo b	enefits as defined in 11 U S		Unremitted principal
Goods sold Personal injury/wrongful death				_
Services performed Taxes	_	salaries and compensation (digits of your SS #	fill out below)	Other claims against service (not for loan balances)
Money loaned		ompensation for services pe	rformed from	to
<u> </u>	Oripaid C	ompensation for services pe	nonnea nom	(date) (date)
2 DATE DEBT WAS INCURRED	3 IF CO	OURT JUDGMENT, DATE O	BTAINED	(date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that it	best describ	e your claim and state the amour	nt of the claim at th	e time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$		Check this box if yo	our claim is secu	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) you exceeds the value of the property securing it or if c) none or only part of your		a right of setoff)		
entitled to priority		Brief description of	collateral	
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	e Dother
entitled to priority		Value of Collateral	\$	
Amount entitled to priority \$		Amount of arrearage ar	nd other charges	at time case filed included in
Specify the priority of the claim		secured claim if any	100,000	+ interest from 3/1/06
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa	rd purchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days		services for personal family of		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to gov		- ' ' ' '
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	Ц	Other Specify applicable para		
		Amounts are subject to adjus with respect to cases comment		
5 TOTAL AMOUNT OF CLAIM \$ \$	100	1,000 - \$ 8	266 64	\$ 108,266 64
AT TIME CASE FILED (unsecured)		ecured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	e principal a	amount of the claim Attach ite	mized statement of	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred				
7 SUPPORTING DOCUMENTS Attach copies of supporting docu				
running accounts contracts court judgments mortgages, security a	agreement	s and evidence of perfectior	of lien DO NO	OT SEND ORIGINAL
DOCUMENTS If the documents are not available, explain If the d			•	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim enclose a stampe	d self addresse	d envelope and copy of this
The original of this completed proof of claim form must be sen	t by mail o	or hand delivered (FAXES)	NOT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm	, prevailin	g Pacific time, on Novemb	er 13, 2006	USE ONLY
for each person or entity (including individuals, partnerships, c governmental units)	corporatio	ns, joint ventures, trusts a	nd	
BY MAIL TO	BY HAND	OR OVERNIGHT DELIVERY TO		
	BMC Grou	ip CM Claims Docketing Cente	, FILED	DEC 0 4 2006
P O Box 911	1330 East	Franklin Avenue		U # ZUUD
		lo CA 90245		
DATE SIGN, and print the name and title it any of the	creditor or c	other person authorized to file		

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